Type or machine print PAYER'S name, street address, city, state, and ZIP code Recipient's Recipient's of		9595	U VOID	☐ CORRECTED	For Official Use Onl	у	
PAYER'S Federal identification number RECIPIENT'S identification number \$ \$ \$ \$ \$ \$ \$ \$ \$	Type or machine print PAYER'S name, st	treet address, city, state	e, and ZIP code	1 Rents	OMB No. 1545-0115]	
PAVER'S Federal identification number PAVER'S Federal identification number RECIPIENT'S identification number RECIPIENT'S identification number Type or machine print RECIPIENT'S name (first, middle, last) Street address Street addre				\$	1929	ŀ	
PAYER'S Federal identification number RECIPIENT'S identification number Size				2 Royalties			income
Type or machine print RECIPIENT'S name (first, middle, last) \$ \$ Fishing bout proceeds \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$				\$			
Type or machine print RECIPIENT'S name (first, middle, last) Street address City, state, and ZIP code City, state, and ZIP code Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale Type or machine print PAYER'S name, street address, city, state, and ZIP code PAYER'S Federal identification number Type or machine print RECIPIENT'S name (first, middle, last) RECIPIENT'S identification number RECIPIENT'S identification number Type or machine print RECIPIENT'S name (first, middle, last) STeighing boat proceeds STei	PAYER'S Federal identification number	RECIPIENT'S identific	cation number		1.	withheld	
Street address	Type or machine print RECIPIENT'S nam	l ne (first, middle, last)		<u> </u>	6 Medical and health care	påyments	Revenu
Street address \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		•		7 Nonemployee compensation		s in lieu of	For Paperwor
City, state, and ZIP code 9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale form, see Instructions for Forms 1099 10 Crop insurance proceeds \$	Street address			1	dividends or interest		Notice and
Account number (optional) Do NOT Cut or Separate Forms on This Page Department of the Treasury - Internal Revenue Senice Type or machine print PAYER'S name, street address, city, state, and ZIP code PAYER'S Federal identification number RECIPIENT'S identification number \$ Type or machine print RECIPIENT'S name (first, middle, last) Type or machine print RECIPIENT'S name (first, middle, last) Street address To Nonemployee compensation Street address City, state, and ZIP code Do NOT Cut or Separate Forms on This Page Department of the Treasury - Internal Revenue Senice Instructions to promise of the Treasury - Internal Revenue Senice Instructions to promise of the Treasury - Internal Revenue Senice Instructions to promise of the Treasury - Internal Revenue Senice Instructions to promise of the Treasury - Internal Revenue Senice Instructions to promise of the Treasury - Internal Revenue Senice Instructions to promise of the Treasury - Internal Revenue Senice Instructions to promise of the Treasury - Internal Revenue Senice Instructions to promise of the Treasury - Internal Revenue Senice Instructions to promise of the Treasury - Internal Revenue Senice Instructions to promise of the Treasury - Internal Revenue Senice Instructions to promise of the Treasury - Internal Revenue Senice Instructions to promise of the Treasury - Internal Revenue Senice Instructions to promise of the Treasury - Internal Revenue Senice Instructions to promise of the Treasury - Internal Revenue Senice Instructions to promise of the Treasury - Internal Revenue Senice Instructions to promise of the Treasury - Internal Revenue Senice Instructions to promise of the Treasury - Internal Revenue Senice Instructions to promise of the Treasury - Internal Revenue Senice Instructions to promise of the Treasury - Internal Revenue Senice Instructions to promise of the Treasury - Internal Revenue Senice Instructions to promise of the Treasury - Internal Revenue Senice Instructions to promise of the Treasury - Internal R	City state and 7ID code			<u> </u>		· · · · · · · · · · · · · · · · · · ·	completing thi
1098, 5498, 1098 and W-2G	Oity, State, and 211 code			1	•	₽□	Instructions fo
Do NOT Cut or Separate Forms on This Page Page	Account number (optional)	-		II.			1098, 5498, 1096
Type or machine print PAYER'S name, street address, city, state, and ZIP code 1 Rents	Form 1099-MISC		· · · · · ·		Department of the	Treasury	A
Type or machine print PAYER'S name, street address, city, state, and ZIP code 1 Rents OMB No. 1545-0115		Do N	IOT Cut or So	eparate Forms on This Pa	ge	ricusury	THE CHAINE VEHICLE SELVICE
Type or machine print PAYER'S name, street address, city, state, and ZIP code 1 Rents OMB No. 1545-0115							
Sample Statement for Recipients of Statement for Internal Revenue Service Statement for Recipients of Statement for Internal Revenue Service Statement for Recipients of Statement for Internal Revenue Service Statement for Recipients of Statement for Internal Revenue Service Statement for Recipients of Statement for Internal Revenue Service Statement for Internal Revenue Servic		9595	VOID	CORRECTED	For Official Use Only	<u>'</u>	
PAYER'S Federal identification number RECIPIENT'S identification number \$ PAYER'S Federal identification number tax withheld \$ PAYER'S Federal identification number tax withheld \$ Prof Internal Revenue Service Center For Paperwork Reduction Account number (first, middle, last) PAYER'S Federal identification number tax withheld \$ Prof Internal Revenue Service Center For Paperwork Reduction Account number (optional) PAYER'S Federal identification number tax withheld \$ Prof Internal Revenue Service Center For Paperwork Reduction Account number (optional) PAYER'S Federal identification number tax withheld \$ Prof Internal Revenue Service Center For Paperwork Reduction Account number (optional) PAYER'S Federal identification number tax withheld \$ Prof Internal Revenue Service Center For Paperwork Reduction Account number (optional) PAYER'S Federal identification number tax withheld \$ Prof Internal Revenue Service Center For Paperwork Reduction Account number (optional) Paper made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale .	Type or machine print PAYER'S name, st	reet address, city, state	, and ZIP code	1 Rents	OMB No. 1545-0115		
Statement for Recipients of PAYER'S Federal identification number RECIPIENT'S identification number \$ 3		3		\$	1020		The state of the s
PAYER'S Federal identification number RECIPIENT'S identification number RECIPIENT'S identification number 3 Prizes and awards \$ \$ For Interna Revenue Revenue				2 Royalties			income
Type or machine print RECIPIENT'S name (first, middle, last) 5 Fishing boat proceeds \$ \$ \$ Medical and health care payments \$ \$ Substitute payments in lieu of dividends or interest For Paperwork Reduction Activates and ZIP code City, state, and ZIP code 9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale Account number (optional) 10 Crop insurance proceeds \$ Department of the Treasury Internal Revenue Service Do NOT Cut or Separate Forms on This Page				\$			w . •
Type or machine print RECIPIENT'S name (first, middle, last) 5 Fishing boat proceeds \$ 7 Nonemployee compensation Street address \$ 8 Substitute payments in lieu of dividends or interest Notice and instructions for completing this form, see products to a buyer (recipient) for resale Account number (optional) 10 Crop insurance proceeds \$ 10 Department of the Treasury - Internal Revenue Service Department of the Treasury - Internal Revenue Service Service Center For Paperwork Reduction Activities and instructions for completing this form, see Instructions for Forms 1099 10 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale 10 Crop insurance proceeds 10 Crop insurance proceeds 10 Department of the Treasury - Internal Revenue Service Department of the Treasury - Internal Revenue Service	PAYER'S Federal identification number	RECIPIENT'S identific	ation number		2	vithheld	
Street address \$ Substitute payments in lieu of dividends or interest \$ \$ \$ Substitute payments in lieu of dividends or interest \$ \$ \$ Substitute payments in lieu of dividends or interest \$ \$ Substitute payments in lieu of dividends or interest \$ Notice and instructions for completing this form, see Instructions for Forms 1099 \$ \$ City, state, and ZIP code Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale Instructions for Forms 1099 \$ 1098, 5498, 1096 and W-2G Department of the Treasury Internal Revenue Service	Type or machine print RECIPIENT'S nam	e (first, middle, last)		· · · · · · · · · · · · · · · · · · ·	 	payments	Revenue
Street address \$ Substitute payments in field of dividends or interest Substitute payments in field of Notice and instructions for completing this form, see Instructions for Forms 1099 1098, 5498, 1096 1098, 5498, 1096 1098, 5498, 1096 1098, 5498, 1096 1099 10					 		For Panerwork
City, state, and ZIP code 9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale	Street address			/ Nonemployee compensation			Reduction Act
Account number (optional) 10 Crop insurance proceeds \$ Instructions for Forms 1099 1098, 5498, 1096 and W-2G Do NOT Cut or Separate Forms on This Page Department of the Treasury Internal Revenue Services					1.*		
To Crop insurance proceeds \$ 1098, 5498, 1096 and W-2G Do NOT Cut or Separate Forms on This Page Department of the Treasury - Internal Revenue Service	City, state, and ZIP code	,		1		. \Box	Instructions for
Torm 1099-MISC Do NOT Cut or Separate Forms on This Page Department of the Treasury Internal Revenue Service	Account number (optional)			1 '			1098, 5498, 1096
Do NOT Cut or Separate Forms on This Page	Form 1099-MISC			Ф	Department of the	Troosun.	
	idini 1033-Wilde	Do N	OT Cut or Se	eparate Forms on This Pag	ge Department of the	ricasury /	Internal Revenue Service
T VOID CORRECTED							
9595 CORRECTED For Official Use Only		9595	UOID	CORRECTED	For Official Use Only	!	
Type or machine print PAYER'S name, street address, city, state, and ZIP code 1 Rents OMB No. 1545-0115	Type or machine print PAYER'S name, str	reet address, city, state,	, and ZIP code	1 Rents	OMB No. 1545-0115		
s 1989 Miscellaneous				\$	1920		and the second s
2 Royalties				2 Royalties			income
\$ Statement for Recipients of				\$			· · ·
PAYER'S Federal identification number RECIPIENT'S identification number 3 Prizes and awards 4 Federal income tax withheld 5 For Interna	PAYER'S Federal identification number	RECIPIENT'S identifica	ation number			vithheld	
Type or machine print RECIPIENT'S name (first, middle, last) 5 Fishing boat proceeds 6 Medical and health care payments Revenue	Type or machine print RECIPIENT'S name	e (first, middle, last)			<u> </u>	payments	Revenue
\$ \$ Service Center						.im 18	i
7 Nonemployee compensation 8 Substitute payments in lieu or dividends or interest Reduction Act	Street address			/ Nonemployee compensation			Reduction Act
\$ instructions for completing this					<u> </u>		instructions for
City, state, and ZIP code 9 Payer made direct sales of \$5,000 or more of consumer form, see products to a buyer (recipient) for resale Instructions for	City, state, and ZIP code			1		, 	form, see Instructions for
Forms 1099.	Account number (optional)		;	10 Crop insurance proceeds			1098, 5498, 1096,

		CORRECTED (if	checked)			
PAYER'S name, street address, city, state, and ZIP code		1 Rents	OMB No. 1545-0115			
		\$ 2 Royalties	1989 Statement for Recipients of	1	Miscellaneous Income	
PAYER'S Federal Identification number	RECIPIENT'S identification number	3 Prizes and awards \$	4 Federal income tax w	ithheld	Copy B For Recipient	
RECIPIENT'S name (first, middle, last)		5 Fishing boat proceeds	6 Medical and health care pa	yments	This is important tax information and is being furnished to the	
Street address		7 Nonemployee compensation \$	8 Substitute payments dividends or interest	in lieu of	Internal Revenue Service. If you are required to file a return, a negligence penalty or other	
City, state, and ZIP code		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale ▶			sanction will be imposed on you if this income is taxable and	
Account number (optional)		10 Crop insurance proceeds		the IRS determin that it has not be reporte		
Form 1099-MISC			Department of the T	reasury -	Internal Revenue Service	

		CORRECTED (If checked)			
PAYER'S name, street address, city, state, and ZIP code		1 Rents	OMB No. 1545-0115		
		\$ 2 Royalties	1989	Miscellaneo Incon	
		\$	Statement for Recipients of		
PAYER'S Federal identification number	RECIPIENT'S identification number	3 Prizes and awards \$	4 Federal income tax w	ral income tax withheld	
RECIPIENT'S name (first, middle, last) Street address		5 Fishing boat proceeds \$	6 Medical and health care p	information and being furnished to th	
		7 Nonemployee compensation	8 Substitute payments dividends or interest	in lieu of	required to file
		\$	\$		return, a negligence penalty or other
City, state, and ZIP code Account number (optional)		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale ▶			sanction will be imposed on you if this income is taxable and
		10 Crop insurance proceeds			the IRS determines that it has not been reported.

Form 1099-MISC

Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

PAYER'S name, street address, city, state, and ZIP code	1 Rents \$ 2 Royalties	OMB No. 1545-0115 - 1989 Statement for Recipients of	Miscellaneous Income	
PAYER'S Federal identification number RECIPIENT'S identification nu	mber 3 Prizes and awards \$	4 Federal income tax wi	ithheld Copy B For Recipient	
RECIPIENT'S name (first, middle, last)	5 Fishing boat proceeds \$	6 Medical and health care pa	information and is being furnished to the	
Street address	7 Nonemployee compensation	8 Substitute payments dividends or interest	in lieu of Internal Revenue Service. If you are required to file a return, a negligence penalty or other	
City, state, and ZIP code	1 '	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale ▶		
Account number (optional)	10 Crop insurance proceeds		the IRS determines that it has not been reported.	

Instructions for Recipient

The amount(s) shown on this form may or may not be taxable to you. If the amount(s) is taxable and you are an individual, report it on your tax return as explained below. (Other taxpayers, such as fiduciaries or partnerships, report the amount(s) on corresponding lines of your tax return.)

Boxes 1 and 2.—Report on Schedule E (Form 1040); or Schedule C if you provide services that are primarily for your customer's convenience, such as regular cleaning, changing linen, or maid service.

Box 3.—Report on the line for "Other income" on Form 1040. If it is trade or business income, report this amount on Schedule C or F (Form 1040).

Box 4.—Any amount listed in this box represents backup withholding. For example, persons not furnishing their taxpayer identification number to the payer become subject to backup withholding at a 20% rate on certain payments. See **Form W-9**, Request for Taxpayer Identification Number and Certification, for information on backup withholding. Include this on your income tax return as tax withheld.

Box 5.—An amount in this box means the fishing boat operator considers you self-employed. Report this amount on Schedule C (Form 1040). See **Publication 595**, Tax Guide for Commercial Fishermen.

Box 6.—Report on Schedule C (Form 1040).

Box 7.—Generally, these amounts are considered income from selfemployment. Report them as part of your trade or business income on Schedule C or F (Form 1040). If you are not self-employed, amounts paid to you for services rendered are generally reported on Form 1040 on the line for "Wages, salaries, tips, etc."

If there are two amounts shown in this box, one may be labeled "EPP." This represents excess golden parachute payments. You must pay a 20% excise tax on this amount. See your Form 1040 instructions under "Other Taxes." The unlabeled amount is your total compensation.

Box 8.—Report as "Other income" on your tax return. The amount shown is substitute payments in lieu of dividends or tax-exempt interest received by your broker on your behalf after transfer of your securities for use in a short sale.

Box 9.—An entry in the checkbox means sales to you of consumer products on a buy-sell, deposit-commission, or any other basis for resale have amounted to \$5,000 or more. The person filing this return does not have to show a dollar amount in this box. Any income from your sale of these products should generally be reported on Schedule C (Form 1040).

Box 10.—Report on the line for "Crop insurance proceeds" on Schedule F (Form 1040).

The amounts shown on this form (except Boxes 4 and 8) may be subject to self-employment (social security) tax computed on **Schedule SE (Form 1040)**. See **Publication 533**, Self-Employment Tax, for more information on amounts considered self-employment income. Since no income or social security taxes will be withheld by the payer, you may be required to make estimated tax payments. See **Form 1040-ES**, Estimated Tax for Individuals.

*U.S. GOVERNMENT PRINTING OFFICE: 1989-246-265

Instructions for Recipient

The amount(s) shown on this form may or may not be taxable to you. If the amount(s) is taxable and you are an individual, report it on your tax return as explained below. (Other taxpayers, such as fiduciaries or partnerships, report the amount(s) on corresponding lines of your tax return.)

Boxes 1 and 2.—Report on Schedule E (Form 1040); or Schedule C if you provide services that are primarily for your customer's convenience, such as regular cleaning, changing linen, or maid service.

Box 3.—Report on the line for "Other income" on Form 1040. If it is trade or business income, report this amount on Schedule C or F (Form 1040).

Box 4.—Any amount listed in this box represents backup withholding. For example, persons not furnishing their taxpayer identification number to the payer become subject to backup withholding at a 20% rate on certain payments. See Form W-9, Request for Taxpayer Identification Number and Certification, for information on backup withholding. Include this on your income tax return as tax withheld.

Box 5.—An amount in this box means the fishing boat operator considers you self-employed. Report this amount on Schedule C (Form 1040). See **Publication 595,** Tax Guide for Commercial Fishermen.

Box 6.—Report on Schedule C (Form 1040).

Box 7.—Generally, these amounts are considered income from selfemployment. Report them as part of your trade or business income on Schedule C or F (Form 1040). If you are not self-employed, amounts paid to you for services rendered are generally reported on Form 1040 on the line for ''Wages, salaries, tips, etc.''

If there are two amounts shown in this box, one may be labeled "EPP." This represents excess golden parachute payments. You must pay a 20% excise tax on this amount. See your Form 1040 instructions under "Other Taxes." The unlabeled amount is your total compensation.

Box 8.—Report as "Other income" on your tax return. The amount shown is substitute payments in lieu of dividends or tax-exempt interest received by your broker on your behalf after transfer of your securities for use in a short sale.

Box 9.—An entry in the checkbox means sales to you of consumer products on a buy-sell, deposit-commission, or any other basis for resale have amounted to \$5,000 or more. The person filling this return does not have to show a dollar amount in this box. Any income from your sale of these products should generally be reported on Schedule C (Form 1040).

Box 10.—Report on the line for "Crop insurance proceeds" on Schedule F (Form 1040).

The amounts shown on this form (except Boxes 4 and 8) may be subject to self-employment (social security) tax computed on **Schedule SE** (Form 1040). See **Publication 533**, Self-Employment Tax, for more information on amounts considered self-employment income. Since no income or social security taxes will be withheld by the payer, you may be required to make estimated tax payments. See **Form 1040-ES**, Estimated Tax for Individuals.

*U.S. GOVERNMENT PRINTING OFFICE: 1989-246-265

Instructions for Recipient

The amount(s) shown on this form may or may not be taxable to you. If the amount(s) is taxable and you are an individual, report it on your tax return as explained below. (Other taxpayers, such as fiduciaries or partnerships, report the amount(s) on corresponding lines of your tax return.)

Boxes 1 and 2.—Report on Schedule E (Form 1040); or Schedule C if you provide services that are primarily for your customer's convenience, such as regular cleaning, changing linen, or maid service.

Box 3.—Report on the line for "Other income" on Form 1040. If it is trade or business income, report this amount on Schedule C or F (Form 1040).

Box 4.—Any amount listed in this box represents backup withholding. For example, persons not furnishing their taxpayer identification number to the payer become subject to backup withholding at a 20% rate on certain payments. See **Form W-9**, Request for Taxpayer Identification Number and Certification, for information on backup withholding. Include this on your income tax return as tax withheld.

Box 5.—An amount in this box means the fishing boat operator considers you self-employed. Report this amount on Schedule C (Form 1040). See **Publication 595**, Tax Guide for Commercial Fishermen.

Box 6.- Report on Schedule C (Form 1040).

Box 7.—Generally, these amounts are considered income from selfemployment. Report them as part of your trade or business income on Schedule C or F (Form 1040). If you are not self-employed, amounts paid to you for services rendered are generally reported on Form 1040 on the line for "Wages, salaries, tips, etc."

If there are two amounts shown in this box, one may be labeled "EPP." This represents excess golden parachute payments. You must pay a 20% excise tax on this amount. See your Form 1040 instructions under "Other Taxes." The unlabeled amount is your total compensation.

Box 8.—Report as "Other income" on your tax return. The amount shown is substitute payments in lieu of dividends or tax-exempt interest received by your broker on your behalf after transfer of your securities for use in a short sale.

Box 9.—An entry in the checkbox means sales to you of consumer products on a buy-sell, deposit-commission, or any other basis for resale have amounted to \$5,000 or more. The person filing this return does not have to show a dollar amount in this box. Any income from your sale of these products should generally be reported on Schedule C (Form 1040).

Box 10.—Report on the line for "Crop insurance proceeds" on Schedule F (Form 1040).

The amounts shown on this form (except Boxes 4 and 8) may be subject to self-employment (social security) tax computed on **Schedule SE (Form 1040).** See **Publication 533**, Self-Employment Tax, for more information on amounts considered self-employment income. Since no income or social security taxes will be withheld by the payer, you may be required to make estimated tax payments. See **Form 1040-ES**, Estimated Tax for Individuals.

	□ VOID	☐ CORRECTED		
PAYER'S name, street address, city, stat	te, and ZIP code	1 Rents	OMB No. 1545-0115	
		\$	1989	Miscellaneous
		2 Royalties		Income
		\$	Statement for Recipients of	
PAYER'S Federal identification number	RECIPIENT'S identification number	3 Prizes and awards	4 Federal income tax withhel	d
		\$	\$	Сору С
RECIPIENT'S name (first, middle, last)		5 Fishing boat proceeds \$	6 Medical and health care payment \$	rorrayer
		7 Nonemployee compensation	8 Substitute payments in lieu	For Paperwork Reduction Act
Street address		d	dividends or interest	Notice and Instructions for
City, state, and ZIP code		9 Payer made direct sales of \$5,	<u> </u>	completing this form, see
		products to a buyer (recipient)	Instructions for Forms 1099,	
Account number (optional)		10 Crop insurance proceeds		1098, 5498, 1096, and W-2G
Form 1099-MISC		ΙΦ	Department of the Treasu	ry - Internal Revenue Service
	☐ VOID	CORRECTED		
PAYER'S name, street address, city, stat	e. and ZIP code	1 Rents	OMB No. 1545-0115	
		\$	1989	Miscellaneous
		2 Royalties		Income
		\$	Statement for Recipients of	
PAYER'S Federal identification number	RECIPIENT'S identification number	3 Prizes and awards	4 Federal income tax withhel	d
RECIPIENT'S name (first, middle, last)		5 Fishing boat proceeds	Medical and health care payment	Copy C
		\$	\$	For Payer For Paperwork
Street address		7 Nonemployee compensation	Substitute payments in lieu dividends or interest	of Reduction Act Notice and
Officer address		\$	\$	instructions for completing this
City, state, and ZIP code		9 Payer made direct sales of \$5,	form, see	
Account number (optional)		products to a buyer (recipient) 10 Crop insurance proceeds	for resale	Forms 1099, 1098, 5498, 1096,
(0,000,000)		\$		and W-2G.
Form 1099-MISC	□ VOID	☐ CORRECTED	Department of the Treasu	ry - Internal Revenue Service
PAYER'S name, street address, city, state	e, and ZIP code	1 Rents	OMB No. 1545-0115	
		\$	1989	Miscellaneous
		2 Royalties	1903	Income
		\$	Statement for Recipients of	
PAYER'S Federal identification number	RECIPIENT'S identification number	3 Prizes and awards	4 Federal income tax withheld	1
RECIPIENT'S name (first, middle, last)		5 Fishing boat proceeds	Medical and health care payments	Сору С
The state of the s		\$	\$	For Payer For Paperwork
Chroat addrson		7 Nonemployee compensation	8 Substitute payments in lieu dividends or interest	of Reduction Act Notice and
Street address		\$	\$	instructions for completing this
City, state, and ZIP code		9 Payer made direct sales of \$5,0		form, see
Account number (antional)		products to a buyer (recipient)	for resale	Forms 1099,
Account number (optional)		10 Crop insurance proceeds		1098, 5498, 1096,